Schultze, or in the "work paresis" of Remak, which are to a certain extent allied to erythromelalgia, cannot be accused etiologically, as the latter disease manifests itself in the lower extremities and in the face.

Senator believes that cases of erythromelalgia were placed under the head of what was termed in the old pathology, "chronic or diffuse habitual erythema." The descriptions of "acrodynia" and of "erythema" strongly remind one of erythromelalgia, excepting the epidemic character of the former affections. Gerhardt has called attention to the symptomatic relation existing between erythromelalgia and "vaso-motor neurosis" (Nothnagel), "arteriospasm" (Martin), and "acroparesthesia" (Fr. Schultze). The differential diagnosis also involves the consideration of such severe nutritive disturbances in the extremities as acromegalia, myxœdema, sclerema, and Raynaud's disease. But all these may be excluded in the differentiation of erythromelalgia from other affections by strictly bearing in mind the sudden onset of pain and redness accompanied by heat and swelling in the extremities, which form the characteristics of the affection under consideration.

As regards the pathology of erythromelalgia, Eulenberg is inclined to consider the affection a neurosis, involving the sensory and vaso-motor mechanisms, and at times also, the secretory and the trophic. He believes it to be central from the fact that it is usually symmetrical and often associaed with severe pathological cerebro-spinal phenomena, and that it forms one of a group of allied pathological conditions, which are the expressions of lesions lying mostly in the posterior and lateral grey horns of the cord, and at times in the anterior cornua and posterior columns and nerve roots.

In the group belong syringomyelia, Morvan's disease, the bulbo-medullary symptom-complex of Grasset and Ranzier, Raynaud's disease, and lastly, erythromelalgia of Weir Mitchell. P. M.

***Neuritis Leprosa.***—Virchow's *Archiv.* contains an exhaustive clinical and microscopical study of a case of leprosy, by Drs. Ed. Arnig and M. Nonne. The principal facts elicited were mostly in accord with those of previous observers. It was found that the first changes, such as alteration of sensation, pigmentation, and so forth, were due to the presence of the lepra bacillus in the terminal nerve filaments of the skin. The atrophic and other destructive changes were the result of secondary degeneration brought about by invasion and compression of the surrounding tissues, the pathological progress finally becoming a general one.

The first symptom exhibited by the patient was that of neuritis over distinct areas, then changes in the appearance of the skin, with hyperæsthesia followed by analgesia. The qualitative and quantitative electrical tests of the upper extremities gave an interesting result. The disease of the nerves showed a predilection for the wrist and elbow of both sides, the ulnar nerve being much swollen. There were no fibrillary tremors over this region. The reflex of the triceps and forearm was weak. Examination of the lower extremities gave negative results. There were no spinal or cerebral symptoms. The ulnar and median nerve on the left side gave weak contractions. Reaction to galvanism was lost. Movements of the fingers, especially those controlled by the thenar and hypothenar group, were slow and difficult. Resection was made of a portion of the ulnar nerve and of the first interosseous muscle. Macroscopically, it appeared normal, but microscopically the condition was worthy of note. Sections showed marked degeneration in various localities; in one place the fibres might be intact, in another destroyed. The inflammation seemed to extend along the nerve trunk, its ramifications holding out longer against the pernicious germ. The lepra bacilli were found disseminated among the nerve fibres. The degeneration of the muscle was limited at first to various bundles of nerves, usually those of the periphery. The article was accompanied by several drawings which showed very clearly how the bacilli invaded the nerve bundles, one cross section showing the various stages in the degenerative processes throughout the nerve structure and muscle. The neurilemma and the perimysium were the last structures to resist the onslaught of the leprous process. B. M.

## THERAPEUTICAL.

**Modern Treatment of Idiocy.**—*In the Progrès Medical*, June 24. 1893, there is a most interesting illustrated paper by Bourneville on the treatment of idiocy and imbecility.

Idiocy is classified as symptomatic of hydrocepalus, arrested development of convolutions, congenital or pathological malformations of the brain, meningitis or